

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L04000043721

1. Entity Name
OTTER CREEK HOLDINGS LLC



Principal Place of Business
212 S. MAGNOLIA AVENUE
TAMPA, FL 33606

Mailing Address
212 S. MAGNOLIA AVENUE
TAMPA, FL 33606



01102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2448265

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TATE, MARK T
212 S. MAGNOLIA AVENUE
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

000000757474
05/23/07-80073-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TATE, MARK T
212 S MAGNOLIA AVENUE
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MESSINA, PAUL M
212 S MAGNOLIA AVENUE
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TATE, MARK T JR.
212 S MAGNOLIA AVENUE
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mark T. Tate Jr.*

MARK T. TATE JR

813-254-6677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #